



**A quasi-experimental study to
assess the effectiveness of
structured teaching programme
on knowledge regarding
prevention of STDs
among women in the
selected rural areas,
Hoshiarpur, Punjab – India**

Transforming Research

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A quasi-experimental study to assess the effectiveness of structured teaching programme on knowledge regarding prevention of STDs among women in the selected rural areas, Hoshiarpur, Punjab – India

WOMAN play an important role in making their families healthy and happy. But women are the ones in Indian houses who eat last and least in the whole family. Because women live longer and experience more functional limitations than men, the financing and provision of their health care is a particularly important issue for them. With fewer women than men having a spouse they can rely on as a primary caregiver, older women are more dependent upon other informal caregivers and a greater reliance on formal care services

KEY WORDS: **HEALTH CARE, NURSING, WOMEN HEALTH**

INTRODUCTION

Women play an important role in making their families healthy and happy. But women are the ones in Indian houses who eat last and least in the whole family. Because women live longer and experience more functional limitations than men, the financing and provision of their health care is a particularly important issue for them. With fewer women than men having a spouse they can rely on as a primary caregiver, older women are more dependent upon other informal caregivers and a greater reliance on formal care services

NEED OF THE STUDY

Approximately 19 million incident cases of sexually transmitted infections occur in the United States annually.

A global strategy for the prevention and control of STIs has now been agreed after a series of regional and global consultations. A document explained the reasons for prioritizing STI control and lays out an array of old and new approaches to achieve key strategic goals. The new strategy will refocus attention on the importance of STI control as this has been overlooked amid the scaling up of responses to HIV/AIDS over the past five years.

A study represents medical cost of syphilis test and does not include other associated costs such as pain and suffering nor lost productivity. The overall average cost per episode of syphilis testing on an outpatient basis was \$194. Further analyses indicated that the estimated average cost per case of syphilis diagnosed and treated parenterally on an outpatient basis was \$229.10 So there is great need of preventing the disease before even symptoms appears.

THE PROBLEM, PURPOSE, AND OBJECTIVES

PROBLEM STATEMENT

A quasi-experimental study to assess the effectiveness of structured teaching programme on knowledge regarding prevention of STDs among women in the selected rural areas, Hoshiarpur, Punjab – India

PURPOSE

The purpose of study is to assess the effectiveness of structured teaching programme on prevention of STDs among women.

OBJECTIVES

1. To assess pre test knowledge regarding prevention of STDs among women in the control group and experimental group.
2. To assess post test knowledge regarding prevention of STDs among women in the control group and experimental group.
3. To compare the pre test & post test knowledge regarding prevention of STDs among women in the control group and experimental group.
4. To find relationship of pre test & post test knowledge regarding prevention of STDs among women in control group and experimental group with demographic variables such as age, education, type of family, religion, family

income, history of STD (if any), method of contraception and source of information.

LITERATURE REVIEW

A study was conducted to estimate the prevalence of sexually transmitted infections (STI) and lower reproductive tract infections (RTI) and determine risk factors for STI among rural women in Sichuan Province, China, a cross-sectional, community-based cluster sample of 2,000 rural, married women were interviewed, examined and clinical specimens collected to assess for six STI and two non-sexually transmitted RTI. The overall prevalence of any STI was 10.9% of any STI or RTI was 30.8%. Chlamydia trachomatis was detected in 6.4% of women, Neisseria gonorrhoeae in 1.7%, Treponema pallidum in 0.5%, human papilloma virus in 0.6%, herpes simplex virus type-2 in 2.0%, Candida albicans in 8.8%, Trichomonas vaginalis in 0.7% and bacterial vaginosis in 15.4%.

A study was conducted in which 3620 women had 13,517 visits where BV (Nugent score) was assessed. Associations between hygienic behavior and BV were assessed by Poisson regression. After adjusting for demographic and sexual behavior factors, neither type of underwear, menstrual protection, use of pads or panty liners when not menstruating, nor weekly or greater use of hygiene spray, powder or towlettes were strongly associated with BV.

A multiyear cross-sectional analysis was performed on Emergency Department visits from females >12 years old, using the National Hospital Ambulatory Medical Care Survey database from 1999 to 2006. The ED diagnoses of acute PID were identified from the database. Specific antibiotics ordered or provided during ED visits diagnosed with PID were identified and compared to contemporary CDC treatment guidelines to determine provider adherence. Analyses were performed using procedures for multiple-stage survey data. Overall, 1,605,000 discharged ED patient visits with a diagnosis of acute PID were identified.

Adult males and females presenting with genital complaints were recruited from clinics in Karnataka state, south India. There were 401 male and 412 female participants, and rates of HIV infection were high (men, 17%; women, 15%). HSV-2 was significantly associated with HIV in men and women. Among men with the complaint of urethral discharge, Neisseria gonorrhoeae was identified in 35%, Chlamydia trachomatis in 10.5%, and TV in 8.5%. Very little NG or CT was detected among women with vaginal

discharge. However, bacterial vaginosis was identified in approximately 40% of women, with significant amounts of TV and Candida also detected. HSV-2 was the most commonly identified pathogen among participants with genital ulcer disease.

RESEARCH APPROACH

A quantitative (quasi-experimental research) approach was used in the study to accomplish the objectives of the study.

RESEARCH DESIGN

Research design was quasi-experimental pre test post test control group.

Experimental Group O1 - X - O2

Control Group O1 - O2

O- observation

X- intervention

Independent variables was the effectiveness of structured teaching programme, age, education, type of family, religion, family income, history of STD(if any), method of contraception and source of information.

Dependent variable was the knowledge regarding prevention of STDs.

RESEARCH SETTING

The study was conducted in the villages Sataur and Baghpur of Hoshiarpur, Punjab. Both villages were at distance of 8-9 km from Shri Guru Ram Dass College of Nursing, Hoshiarpur. The reason for selecting these villages were familiarity of areas, investigators convenience and expected cooperation from head of villages in getting permission for conducting the study and cooperation from people.

TARGET POPULATION

Women of age group 21-40 years who are residing in selected rural area of Hoshiarpur were the target population.

SAMPLE & SAMPLING TECHNIQUE

The sample of study was 30 women in experimental and control group each. The women in control group and experimental group were matched in relation to age, education, type of family, religion, family income, history of STD (if any), method of contraception and source of information.

Purposive sampling technique was used to draw sample from the population.

CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria

- Women who are in the age group of 21-40 years.
- Woman who are living in villages Sataur and Baghpur of Hoshiarpur, Punjab.
- Literate women who can read, understand and write Punjabi will be included in study.

Exclusion Criteria

- Unmarried women were included in the study.
- Woman less than 21 years and more than 40 years of age was not taken in the study sample.

DATA COLLECTION PROCEDURE

The procedure of data collection was carried out in December, 2010. Before starting data collection procedure, the investigator divided the women in two groups- experimental and control group. Total sample consists of 60 subjects – 30 experimental and 30 in control group. Purposive sampling was done for selection of samples. Matching of samples was done by matching all the independent variables taken for the study. To prevent contamination, experimental group was taken from village Sataur and control group from the village Baghpur, Hoshiarpur. Pretest was taken from the control group

and experimental group and thereafter structured teaching programme was given to experimental group with the help of lesson plan and audio-visual aids. The investigator spent 30 minutes to complete the teaching. On the next day of teaching, post test was taken from the both the groups.

MAJOR FINDINGS

1. In control group 20% women were in age group of 20-25 years, 40% were in each age group of 26-30 years and 36-40 years. In experimental group 26.6% women were in each age group of 20-25 years, 31-35 years and 36-40 years, 20% women were in age group of 26-30 years.
2. According to education, control group 36.7 % of women were educated upto 12 and graduation, 40% of women were educated upto matric, 3.3% were educated upto middle and remaining 20% were educated upto primary. In experimental group 26.6% women were educated upto 12 and graduation, 26.6% were educated upto matric, 30% were studied upto middle and remaining 16.7% were studied upto primary.
3. According to type of family, in control group 30% women were from nuclear family and majority 70% were from joint family. In experimental group 43.3% women were from nuclear family and 56.7% were from joint family.
4. According to Religion, in control group majority i.e. 70% of women belongs to sikh religion and remaining 30% women belongs to hindu religion. In experimental group 70% of women were sikh and 30% of women were hindu.
5. According to Family income per month, in control group 63.3% were in income group of less than 5000/- per month, 23.4% were in 5001-10,000/- per month and remaining 13.3 % in 10001 & above per month income group. In experimental group 63.3% were in income group of less than 5000/- per month, 23.4% in 5001-10000/- per month and remaining 13.3% were in 10001 & above per month income group.
6. According to History of STDs, in control group majority 86.7% of women were not having history of STDs and 13.3% were having history of STDs. In experimental group 93.3% were not having history and only 6.7% of women were having history of STDs.
7. According to Method of contraception, in control group 23.4% of women's partners used condoms, 6.6% were using copper- T and oral contraceptive pills, 20 % had undergone operation (tubectomy or hysterectomy) and 50% were not using any method of contraception. In experimental group 33.3% of women were using condom, 6.6% were using copper -T and oral

- contraceptive pills, 16.8% had undergone operation (tubectomy or hysterectomy) and 43.3% were not using any method of contraception.
8. According to Source of Knowledge, in control group 66.6% had knowledge from mass media, 10% had knowledge from friends and family and remaining 23.4% had knowledge from health personnel. In experimental group 73.3% had knowledge from mass media, 6.7% had knowledge from friends and family and remaining 20% had knowledge from health personnel.
 9. The difference between pre and post test knowledge score of control group was statistically non significant at $p < 0.05$ level. In experiment group, the mean pre test knowledge score was 11.53, mean percentage was 57.65 and mean post test knowledge score was 17.03, mean percentage was 85.15. The difference between mean pre and post test knowledge score of experimental group was statistically significant at $p < 0.001$ level. Thus structured teaching is an effective tool in improving the knowledge of women regarding prevention of STDs among women.
 10. There was statistically significant effect of education and previous history of STDs on women's knowledge regarding prevention of STDs.
 11. There was no statistically significant effect of age, type of family, religion, family income, method of contraception and source of information on women's knowledge regarding prevention of STDs.

CONCLUSION

From the findings of study following conclusions were drawn:

1. The difference between pre and post test knowledge score of control group was statistically non significant at $p < 0.05$ level. In experiment group, the mean pre test knowledge score was 11.53, mean percentage was 57.65 and mean post test knowledge score was 17.03, mean percentage was 85.15. The difference between mean pre and post test knowledge score of experimental group was statistically significant at $p < 0.001$ level. Thus structured teaching is an effective tool in improving the knowledge of women regarding prevention of STDs among women.
2. There was statistically significant effect of education and previous history of STDs on women's knowledge regarding prevention of STDs.
3. There was no statistically significant effect of age, type of family, religion, family income, method of contraception and source of information on women's knowledge regarding prevention of STDs.

RECOMMENDATIONS

Based on the result of study following recommendations are made:

1. The study can be replicated on a large sample to validate and generalize its findings.
2. Similar studies can be conducted in different settings like hospital and different target population like staff nurses.
3. A comparative study can be conducted to assess the knowledge of women regarding prevention of STDs among women in rural and urban community.
4. An exploratory study can be done to assess the knowledge and practice of women regarding prevention of STDs among women.

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Certificate of Recognition

This certificate is awarded to

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in recognition of his contribution

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